

## ON-LINE TRAINING EVALUATION

**Course Title:** Annual In-Service Security Training **Hours:** 2.5 Continuing Education Hours

**Training Contact:** Michele Hoot, TS IV **Date:** \_\_\_\_\_

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PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY CHECKING THE MOST SUITABLE ANSWER.

*1=STRONGLY AGREE 2=AGREE 3=NEUTRAL 4=DISAGREE 5=STRONGLY DISAGREE*

### COURSE CONTENT

A. The training met my expectations? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

B. The subject matter was appropriate? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

C. The length of the training was appropriate? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

D. The course outline was clear and organized? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

E. The instructions provided were easy to follow? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

F. The course material was beneficial to my position? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

G. Continue receiving my annual training in this format? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: \_\_\_\_\_

### PERSONAL INPUT

What I would like to see improved is:

\_\_\_\_\_  
\_\_\_\_\_

General comments:

\_\_\_\_\_  
\_\_\_\_\_

Name (Optional) \_\_\_\_\_ Phone (Optional) \_\_\_\_\_